OBLON, SPIVAK

PTOL<13A (09-04)
Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form				
Examiner: 11/11/20 Art	st Named Applican Unit: 276 Wathan	Status of A		ffer first Action
Proposed Date of Interview: 7-5 Proposed Time: (AM/PM) Type of Interview Requested: (3) [] Video Conference				
Exhibit To Be Shown or Demonstrated: []YES [UNO If yes, provide brief description:				
Issues To Be Discussed				
	rior rt	Discussed	Agreed	Not Agreed
(1) 103	loke_	N N	[]	[]
(4)		[]	[]	[]
Erief Description of Arguments to be Pres	ented:	attuched	connects	8 amendments
An interview was conducted on the above- NOTE: This form should be completed by ap (see MPEP § 713.01). This application will not be delayed from issue interview. Therefore, applicant is advised to fi as soon as possible. Applicant/Applicant's Representative Sign Survice Sacha/ Typed/Printed Name of Applicant or Representation Number, if applicable	plicant and submitted because of applicantile a statement of the nature	ed to the examet's failure to so substance of	ubmit a writter	n record of this 37 CFR 1.133(b))

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be seat to the Chief information Officer. U.S. Petert and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22113-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 1/11 * RCVD AT 6/30/2005 3:56:02 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/30 * DNIS:2734091 * CSID: * DURATION (mm-ss):03-08